

☒ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_ Artist ROBERT C. THOMSON  
FIRST NAME LAST NAME  
Address 3212 Dover Cleveland 9 Cuy Tel. SH 1-9941  
NO. STREET CITY ZONE COUNTY

☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**


Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

  
SIGNATURE

SIGNATURE